


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed:</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p style="text-align: center; font-size: 1.2em;">Sheldon</p> <p>NICKNAME LAST SUFFIX</p> <p style="text-align: center; font-size: 1.2em;">Buppy Simank</p>		<p>OFFICE USE ONLY</p> <p>Date Received</p> <div style="text-align: center;">  </div> <p>Date Hand-Delivered or Mailed</p>
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.2em;">4018 Green Valley Dr Bryan TX 77802</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.2em;">(979) 779 6417</p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p style="text-align: center; font-size: 1.2em;">Kenneth</p> <p>NICKNAME LAST SUFFIX</p> <p style="text-align: center; font-size: 1.2em;">Lawson</p>		<p>Receipt # Amount \$</p> <p style="font-size: 1.2em;">CAC 4105pm</p> <p>Date Processed</p> <p>Date Imaged</p>
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p style="font-size: 1.2em;">2901 Camelot Bryan TX 77802</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p style="font-size: 1.2em;">(979) 693 9664</p>		
<p>9 REPORT TYPE</p>	<p> <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) </p> <p> <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year Month Day Year</p> <p style="font-size: 1.2em;">10 / 1 / 18 THROUGH 12 / 31 / 18</p>		
<p>11 ELECTION</p>	<p>ELECTION DATE ELECTION TYPE</p> <p>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description </p> <p style="font-size: 1.2em;">11 / 6 / 18 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p> <p style="font-size: 1.2em;">Council Place 6</p>		<p>13 OFFICE SOUGHT (if known)</p>

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FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 4,562.01

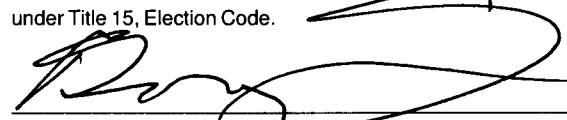
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Buffy Simack, this the 16th
day of Jan., 20 19, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Mary L Stratta
Printed name of officer administering oath

City Secretary
Title of officer administering oath